


2006 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts FEB 01 2006
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB -3 AM 8:49

DOCUMENT # P96000038011	
1. Entity Name WELLINGTON PHYSICIAN ALLIANCES, INC.	

Principal Place of Business 10101 FOREST HILL BLVD WEST PALM BEACH, FL 33414 US	Mailing Address 367 S GULPH ROAD PO BOX 61558 KING OF PRUSSIA, PA 19406-0958 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2846710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALAN B 367 S GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FILTON, STEVE 367 S GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, BRUCE R 367 S GULPH ROAD KING OF PRUSSIA, PA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/06--01008--012 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce R. Gilbert Date 2/10/06 Daytime Phone # 607-683300